COURSE TITLE: ADVANCED MEDICAL SURGICAL NUURSING

COURSE CODE: NSC 408

MATRIC NUMBER: 17/MHS02/101

ANSWERS

**SNAKE BITE**

* Move victim to a safer place
* Reassure the victim appropriately
* have the person lie down or sit to minimize the spread of the venom through the body
* remove constrictive items such as rings
* provide warmth for the patient
* cleanse and cover the wound with a light sterile dressing
* immobilizing the injured body part below the level of the heart
* Secure and monitor airway, breathing, and circulation
* Whether the snake was venomous or nonvenomous; if the snake is dead, it should be transported to the emergency department with the patient for identiﬁcation (However, caution should be taken when handling the transported snake).
* Monitor Vital signs including PR, RR, BP, SPO2
* Monitor fluid intake/ output
* Obtain detailed history and examine the snake (if available)
* Examine regularly for signs and symptoms of envenoming
* Pay attention to Circumference of the bitten extremity or area at several points, nerve system, renal function, bleeding tendencies.
* Laboratory data should be reviewed (complete blood count, urinalysis, and coagulation studies).
* Parenteral ﬂuids may be used to treat hypotension.
* Administration of Antivenin (Antitoxin) intravenously
* Vasopressors are used for patients in shock
* Resuscitation equipment must be on standby while antivenin is infusing.

**HEAT STROKE**

* Move patient to a cool area
* Remove outer clothing
* Call for help/ competent emergency aid
* Help victim lie down and wrap them in a cold wet sheet
* Pour water on the sheets to keep them wet till patients temperature falls below 37.5 degree Celsius
* An electric fan is positioned so that it blows on the patient to facilitate heat loss by convection and evaporation.
* Elevate the patients feet
* The patient’s temperature is constantly monitored with a thermometer placed in the rectum, bladder, or esophagus to evaluate core temperature.
* Caution is taken to avoid hypothermia and to prevent hyperthermia, which may recur spontaneously within 3 to 4 hours.
* Replace the wet sheet with dry ones
* Throughout treatment, the patient’s status is monitored carefully, including, level of response, vital signs, ECG ﬁnding
* Try and keep patient cool if temperature rises again
* 100% oxygen is administered.
* Endotracheal intubation and mechanical ventilation to support failing cardiopulmonary systems may be required.
* IV infusion therapy of normal saline or lactated Ringer’s solution is initiated as directed to replace ﬂuid losses and maintain adequate circulation.
* Urine output is also measured frequently, because acute tubular necrosis may occur as a complication.
* Blood specimens are obtained for serial testing to detect bleeding disorders, such as disseminated intravascular coagulation (DIC), and for serial enzyme studies to estimate thermal hypoxic injury to the liver, heart, and muscle tissue.

Additional supportive care may include

* Dialysis for renal failure, antiseizure medications to control seizures, potassium for hypokalemia, and sodium bicarbonate to correct metabolic acidosis. Benzodiazepines (eg, diazepam [Valium]) or chlorpromazine (Thorazine) may be prescribed to suppress seizure activity.
* Patient education regarding the prevention of heat stroke is also important to prevent a recurrence.

**HYPOVOLEMIC SHOCK**

* If its caused by bleeding, stop bleeding by applying direct pressure on the wound or plan to control inaccessible hemorrhage or plasma loses
* Administer intravenous fluids to patient (crystalloid fluid) to rehydrate the patient
* IV fluids may need to be warmed during the administration of large volumes( as it can reduce patients core temperature and hence inhibit enzymes necessary for coagulation of blood)
* Assess the victim’s response to fluid being administered. Promptly report complications and side effects of treatment.
* Maintain patient oral rehydration by administering oral rehydration solutions
* Treat the underlying cause of the shock
* Acquire blood specimens quickly, to obtain a baseline complete blood count, and to type and cross-match the blood in anticipation of blood transfusions.
* Administering blood transfusions safely
* Monitor patient closely for adverse effects
* Monitor patients adequacy to volume resuscitation e.g. vital signs, vital signs, blood pressure, skin color and also monitor for level of consciousness
* Physical assessment focuses on observing the jugular veins for distention and monitoring jugular venous pressure
* The nurse must monitor cardiac and respiratory status closely and report changes in BP, pulse pressure, CVP, heart rate and rhythm, and lung sounds to the physician.
* Patient should be placed In Trendelenburg position (The lower extremities are elevated to an angle of about 20 degrees; the knees are straight, the trunk is horizontal, and the head is slightly elevated).
* Implementing other measures such as Oxygen administration to increase the amount of oxygen carried by available hemoglobin in the blood.

**FRACTURE OF THE HUMERUS**

* Move the victim to a safe place, away from the site of accident
* Reassure the patient appropriately
* Assist patient to sit down
* Expose the site of fracture to assess its nature( simple or compound fracture)
* Control hemorrhage if any
* Immobilize the affected part with improvised splint and sling
* Do not bandage the fracture site if possible
* Watch out for shock and treat if present
* Clean and cover open wound (if present) with a clean sheet
* Arrange to transport the patient to the hospital
* Accurately identify the fracture using optimal imaging techniques
* Apply appropriate splint and casts